

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>NI</i>	<i>33</i>	<i>7/21/58</i>
O.I.P.E. CLASSIFIER	<i>SV</i>	<i>37</i>	<i>7/22/58</i>
FORMALITY REVIEW	<i>NI/NO</i>	<i>108231</i>	<i>8-7-58</i>

INDEX OF CLAIMS

✓ Rejected
 Allowed
 (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
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26	✓	✓	✓
27	✓	✓	✓
28	✓	✓	✓
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47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(1 FEET INSIDE)